



**The National Organization of Professional Black NRCS Employees**  
*(The Organization)*  
**2003 Membership Application**

**Any person or organization subscribing to the goals of the National Organization of Professional Black NRCS Employees may submit a membership application**

Type in your information, print out and mail. You may print a blank and complete it by hand. Print clearly.

**Send 2 signed copies to the Financial Secretary** Blank forms may be distributed freely.

**Wayne Griffin, Financial Secretary, The Organization,**

P. O. Box 6887, Fort Worth, TX 76115-0887

**Make 3 copies: 2 for Financial Secretary and 1 for yourself**

**Choose Type of Membership**

☐ **Lifetime Membership (\$500.00)**

☐ 1 payment (\$500.00)

☐ 2 payments (\$250.00)

☐ 4 payments (\$125.00)

☐ 5 payments (\$100.00)

☐ 8 payments (\$62.50)

☐ 10 payments (\$50.00)

☐ **Sustaining Life Membership**

*Applicable to Life members who contribute \$130.00 or more annually after obtaining Life Membership status.*

☐ I prefer to mail my payments

☐ I prefer Direct Deposit

☐ **1-Year membership for (\$45.00)**

*Applicable to anyone who desires to be a member of The Organization.*

☐ **Sustaining Annual Membership**

*Applicable to any regular annual member who contribute \$130.00 or more annually towards the support of the Organization.*

☐ I prefer to mail my payments

☐ I prefer Direct Deposit

**Information About You**

Mr/Mrs/Ms  First Name  M.I.  Last Name

Title  Agency  NRCS  Describe Other

Office Address

City  State  Zip

Phone  Fax  E-mail

(If you prefer to receive Organization mail at a **different** address please provide mailing information below.)

Mailing Address

City  State  Zip

☒ Yes I would like to be listed in The Organizations Network Directory!

**What Region are you in?:**

☐ East ☐ Midwest ☐ Northern Plains ☐ South Central ☐ Southeast ☐ West

Are you a Chapter Member? (if so which one?)  select chapter

**Note: Chapter dues are not accepted at the National level. Send chapter dues your local chapter.**

If asked, I am willing to serve on the  Committee

Total Enclosed \$

Signature

**FOR OFFICIAL USE ONLY**

Date Received:

Authorized Initials